We are currently determining the long term cost associated with open repair complications and the cost of endovascular repair surveillance.

THE ROLE OF MRI IN THE ASSESSMENT OF 'LOW-RISK' PROSTATE CANCER

John Binham, Ben Sherwood, Thomas King, Duncan Harriss. Nottingham City Hospital

Introduction: In accordance with NICE guidance, the assessment and management of organ confined prostate cancer is based on risk stratification by PSA level, clinical stage and histological Gleason grade. In low risk disease, the use of MR imaging is not supported by NICE, and the risk of extraprostatic extension is considered insignificant. Active surveillance is advocated for this subgroup.
Patients and Methods: We reviewed the MRI findings for consecutive patients with low risk disease (PSA = 10, Gleason 3+3, stage = T2a), for whom active surveillance was considered, to determine the incidence of radiological upstaging.
Results: The records of 49 patients with low risk disease were reviewed, of which 20 were investigated with prostatic MRI. In 3 patients (15%), evidence of extraprostatic disease was demonstrated and management subsequently revised.
Conclusions: Our study suggests that contrary to NICE guidelines, MRI is useful in low risk disease and alters management in a significant proportion of cases. Larger studies are now required.

PSA SCREENING FOR PROSTATE CANCER IN UNITED KINGDOM – OVER A 4 YEAR PERIOD

Aiman Muneer, A.R.E. Blacklock. University Hospitals of Coventry & Warwickshire (UHCW), Coventry, United Kingdom

Introduction: Prostate Specific Antigen (PSA) level testing is advocated as a screening method for early detection of prostate cancer, which is predominantly an old age disease. Sexual health is both a pre- & post-operative concern.
Aims: To study incidence of raised blood PSA(Prostate Specific Antigen)-level & prostate cancer upon PSA testing +/- DRE(Digital Rectal Examination) in a random population of aging men.
Methods: Prostate Cancer Awareness Days held on 25thJan2006, 24thJan2007, 23rdJan2008 & 21stJan2009 organised by Prostate Cancer Support Association & Coventry Leofric Lions, advertised through various media. Blood test for PSA levels and digital rectal examination (DRE) offered on a voluntary basis.
Results: Over 1525(200,375,750,200 respectively) men attended the Awareness Days (2006,2007,2008,2009). 1267(171,337,588,171) men with mean age 63.09 (61.5,65,62.6,63.25) years (33–88years) had PSA levels checked. 457(61,295,38,63) men had both PSA blood test and DRE. 84 (17,20,32,15) men had abnormal PSA for age; 42 (6,32,2,2) had abnormal DRE. 21 men (from 2006) followed-up with repeat PSA & DRE, 12 biopsies performed and 1 radical prostatectomy. Men with suspicious PSA and/or DRE from 2007,2008&2009 are under follow-up.

THE INTRATHECAL BACLOFEN WITHDRAWAL SYNDROME: A SYSTEMATIC REVIEW

W.R. Muirhead, N. Baylem, I. Jalloh, M. Vloeberghs. Queens Medical Centre, University of Nottingham

Background: Intrathecal Baclofen (ITB) delivered by an implanted infusion pump has been used extensively for the management of spasticity. Abrupt cessation has been associated with a life-threatening but poorly understood withdrawal syndrome.
Aims: We present the first systematic review of the reports of the ITB withdrawal syndrome, with the aim of characterizing the features, course and outcomes of this complication.
Patients and Methods: Case reports of complications attributed to ITB withdrawal were identified by searching EMBASE and MEDLINE. Episodes were categorized as mild or severe and their clinical features and outcomes recorded. Statistical analysis was performed using the Chi-squared test.
Results: We identified 49 episodes in 37 patients. The most frequently reported features were dystonia (92%), pyrexia (66%), tachycardia (51%), rhabdomyolysis (43%) and altered consciousness (37%). Life-threatening hyperthermia was almost universally reported in severe withdrawal episodes (mean 41.8°C ± 0.4°C, p = 0.05) but not mild episodes (mean 39.0°C ± 0.6°C, p = 0.05).
Discussion: Severe withdrawal episodes were frequently associated with temperatures at which heat-mediated damage alone typically leads to disseminated intravascular coagulation, hypotension, end-organ damage and death. Active cooling was rarely reported in this series and should be undertaken in future cases of severe ITB withdrawal.

LAPAROSCOPIC PERITONEAL DIALYSIS CATHETER INSERTION

J.F. Horwood, I.E. Yardley, R. Holt, C.B. Baillie, S.E. Kenny. Royal Liverpool Children's NHS Foundation Trust

Aims: Peritoneal dialysis (PD) is first-line option for most children needing renal replacement therapy (RRT). Laparoscopic and open approaches have been described for catheter insertion. This study compares catheter survival and infection rates between a tunnelled laparoscopic assisted approach, and open insertion.
Methods: Information regarding all PD catheters inserted in our institution from October 2002 was prospectively collected. Data included insertion method, infections, catheter revisions and reason for catheter removal. The two methods of insertion were compared. Data are presented as mean (range) unless otherwise indicated. Catheter survival curves were compiled with days from insertion to removal due to complication as the end-point. Data was censored at time catheter was no longer required.
Results: 23 children required RRT. 28 PD catheters were inserted (13 open, 15 laparoscopic). Age at time of insertion was similar in the two groups (open: 6.8 (0.02-15.7) vs laparoscopic: 8.8 (0.8–18.1) years; p = 0.46, Mann-Whitney). No differences were seen in catheter survival (p = 0.84, Mantel-Cox log rank test) or infections per catheter day (open: 0.0001 (SD 0.0001) vs laparoscopic: 0.0001 (SD 0.0002); p = 0.07, t-test) between the two groups.
Conclusions: The data suggest no major advantage from laparoscopic versus open catheter insertion.

TONK SCORE; AN OBJECTIVE METHOD OF ANALYSING TRAUMA & ORTHOPAEDICS CASE NOTES

Z. Khan, A.E. Sayers, M.U. Khattak, I.R. Chambers. Scunthorpe General Hospital

Good medical record keeping is essential for medico legal, research and audit purposes. It is the only lasting interpretation of patient-physician interaction. The Trauma & Orthopaedics Notes Keeping (TONK) score is

specialty specific and objectively analyses cases notes and tries to eradicate the weaknesses in a previously published generic scoring system. A total score of 100 is assigned to each firm and marks are deducted for missed documentation. 2 sets of notes are randomly selected for each firm, one from trauma and one for elective surgery. Each set is given 50 marks and the total deduction for both case notes are then subtracted from the total score of 100 to give the resultant score. The TONK score has four major parts including initial clerking, subsequent entries, discharge letter and legibility. Each subset has further subsets with scores allocated in order of importance relevant to the specialty. A maximum score of 100 can be achieved. This system has been in use in our department for assessing medical notes and has become a fixed agenda of our audit meetings. This has created a healthy competitive environment within different firms in the department with a marked improvement in medical notes keeping.

HIP FRACTURE PATIENTS AND CLOPIDOGREL

Andreas Leonidou, Nicholas Boyce Cam, Iain Chambers. North Lincolnshire and Goole NHS Foundation Trust

Introduction: Hip fracture is a common injury of the elderly which is mainly managed operatively. Several patients are receiving clopidogrel for underlying cardiovascular conditions. Clopidogrel is an irreversible inhibitor of platelet aggregation which is believed to be associated with increased risk of spinal haematoma following regional anaesthesia. Therefore, it is commonly preferred by the anaesthetists to wait for the effect of clopidogrel to wean before the operation.
Methods: Studied patients receiving clopidogrel who were admitted with hip fracture in Scunthorpe Hospital between April 2007 and October 2008.
Results: Out of the 405 admitted patients, 27 (6,66%) were receiving clopidogrel, 7 male and 20 female. The mean age of these patients was 82,2 years (68–94) and they were mainly ASA 3 or 4. Mean delay to theatre was 8 days (2–17). Post-injury medical complications occurred in 7 patients (25,9%). Further 4 patients (14,8%) died, 3 of them postoperatively. The mean delay to theatre for the deceased group was 6,3 days.
Conclusions: Patients receiving clopidogrel have complex medical comorbidities and higher anaesthetic risk. Delaying operative management might be related with increased mortality and morbidity. Further studies investigating the necessity of delaying anaesthesia in these patients need to be conducted.

CMI PYROCARBON HEMIARTHROPLASTY FOR TRAPEZIOMETACARPAL JOINT ARTHRITIS

Edward Spurrier, Tim Halsey, Jonathan Jones, Gora Pathak. Peterborough Hospitals

Introduction: The CMI pyrocarbon implant is a unipolar arthroplasty for trapeziometacarpal joint arthritis which is implanted in to the proximal thumb metacarpal. Previous case series have shown these implants provide significant pain relief and good patient satisfaction. We report the first cases from Peterborough.
Method: Seventeen cases in fifteen patients were retrospectively reviewed. The average patient age was 59.7 years (range 47–72). 7 patients were men and 8 were women.
Results: Most patients in whom the implant survived were afforded good pain relief by the procedure. Seven were discharged with good outcome at a mean of 14 months. One of those had occasional pain. Radiologically 6 implants were subluxed by at least 40%. One implant was revised after dislocation and loosening associated with trauma but made excellent progress after revision of the prosthesis. One of the seventeen cases dislocated and was revised to a trapeziumectomy after 11 months. One was revised to trapeziumectomy at 15 months due to continued pain.
Conclusions: Preliminary results suggest that this implant affords good pain relief and functional improvement in managing OA at the TMC joint. Longer term follow up will be required to correlate clinical and radiological outcomes.

ACCURACY OF CONSENTING IN ELECTIVE TOTAL KNEE REPLACEMENT

Mathias Nagy, Gaurav Rathore, Sandeep Munshi, Nigel Courtman. Furness General Hospital

Background: Valid informed consent prior to operations is crucial in surgical practice and represents a central pillar of good medical practice. An effective communication process between the patient and the surgeon results in the patient's authorization to undergo a specific procedure. As consenting is a complex medical, legal and ethical process, the accuracy of our consenting practice prior to routine elective operations was investigated.
Methods: A retrospective review of 103 patients who underwent total knee replacement using generic consent forms was conducted.
Results: The consenter was in 32% of the cases a consultant surgeon, in 60% a middle grade surgeon and in 8% a junior doctor. Patient details, the full procedure and the benefits of the operation were mentioned in 100% of cases. Responsible consultant was stated in 70%. All forms were signed but only 75% dated, and only 33% of patients received a copy. The following common risks and complications were mentioned: thromboembolism (100%), stiffness (80%), neurovascular injury (78%), infection (75%), loosening (52%), bleeding (35%), pain (10%), wear (3%) and death (2%).
Conclusion: Our results show many common risks were not highlighted on the standard consent forms. The use of procedure specific consent forms is recommended.

A STUDY INTO THE INCIDENCE OF URINARY RETENTION POST-ARTHROPLASTY

Benan Dala-Ali, S.W.F. Middleton, S.R. Zaidi, S. Wiltshire. Queen Alexandra Hospital, Portsmouth

Introduction: A retrospective study was carried out to investigate the incidence of urinary retention following both total hip and knee replacements. The study also aimed to identify risk factors associated with the development of retention after these operations.
Method: We looked at 250 randomly selected patients who underwent one of these operations at either the Royal Haslar Hospital or Queen Alexandra Hospital in Portsmouth over a 12 month period in 2008-9. The study mainly focused on the incidence of developing urinary retention, as well as whether it was related to the: - sex of the patient, - age of the patient, - operation (THR or TKR), - anaesthesia (general or spinal), - history of prostatic symptoms.
Results: The study found that around 30% of the patients developed urinary retention after the operations. Men had a significantly increased risk of developing retention compared to women (48%vs22%). The results showed that patients undergoing a THR had a higher incidence of post-operative retention compared to a TKR (38% vs 25%). There was no association with the age or the type of anaestheic and developing retention. Lastly it was found that patients with pre-existing prostatic symptoms had an increased risk of developing retention.